**VEGETABLES, FRUITS AND NUTS**

**SOIL INFORMATION SHEET**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City ST Zip</th>
<th>Phone</th>
<th>County</th>
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**1 TEST REQUESTED:**

- Package #1 (pH, Buffer pH, P, K)
- Gardener’s Package (pH, Buffer pH, P, K, O.M., NO3)
- Package #2 (pH, Buffer pH, P, K, O.M., Zn)
- Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC)
- Other

**2 SOIL TYPE:**

- Sandy
- Loam
- Clay

**3 SAMPLE NAME:**

(i.e. Vegetable Garden, Grapes, etc.)

**4 SAMPLE AREA:** Was the sample made from a mix of 4 or more areas? Yes No

**5 RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):**

- Leafy Greens (lettuce, spinach, etc.)
- Legumes (beans, peas, etc.)
- Root Crops (carrots, beets, etc.)
- Watermelon
- Other “Vine Crops” (squash, cucumbers, etc.)
- Cole Crops (cabbage, broccoli, etc.)
- Sweet Corn/Pop Corn
- Bulb Crops (onions, garlic, etc.)
- Other

- Okra
- Tomatoes
- Peppers
- Eggplant
- Irish Potatoes
- Sweet Potatoes
- Asparagus
- Rhubarb
- Apples & Pears
- Stone Fruits (peaches, cherries, etc.)
- Grapes
- Raspberries & Blackberries
- Currants & Gooseberries
- Strawberries
- Pecans & Walnuts
- Other

Are these fruit or nut plants already planted? Yes No

Number of years since planting?

**6 SIZE OF AREA**

- Less than 100 square feet
- 100 to 1,000 square feet
- 1,000 to 10,000 square feet
- Over 10,000 square feet

Indicate size:

**7 CONDITION OF PLANT(S):**

Plant growth in sampled area: Normal Abnormal (describe) Not planted yet

If only a few plants show abnormal growth, list which type(s):

**8 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):**

**a How often do you fertilize?**

- Every Year
- Twice a Year
- Every other Year
- Never
- Other

**b When do you fertilize?**

- Prior to planting
- During growing season
- During dormant season
- Other

**c What kinds of fertilizer do you use?**

- High phosphorus (5-10-5, 18-46-0, etc)
- Balanced (10-10-10, 13-13-13, etc.)
- High Nitrogen (33-0-0, 20-4-8, etc.)
- Organic (manure)
- “Starter Fertilizer” for transplants
- Other

**d How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)**

- Every year
- Every other year
- Twice a year
- Never
- Other

**Has manure or compost recently been applied?** Yes No

**9 INDICATE SPECIAL PROBLEMS:**

- Insects
- Disease
- Poor drainage
- Shade
- Note: If you check insects or disease, please describe the specific problems.

Grassy Weeds
- Broadleaf Weeds
- Other (Describe)

Please fill in this sheet completely. The more information you provide on this form, the more complete and helpful your soil recommendation will be to you.